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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC

Doing business as

VITAL STRATEGIES

Number and street (or P O box if mail is not delivered to street address)

61 BROADWAY SUITE 1720

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10006

D Employer identification number

22-3419667

E Telephone number

(212) 500-5724

G Gross receipts \$ 95,715,163

F Name and address of principal officer

JOSE LUIS CASTRO  
61 BROADWAY SUITE 1720  
NEW YORK, NY 10006

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.VITALSTRATEGIES.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile NJ

Part I

Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities

THE UNION MISSION IS TO BRING INNOVATION, EXPERTISE, SOLUTIONS AND SUPPORT TO ADDRESS HEALTH CHALLENGES IN LOW-AND MIDDLE-INCOME POPULATIONS VISIONHEALTH SOLUTIONS FOR THE POORVALUESQUALITY WE DELIVER OUR SERVICES AND PRODUCTS TO THE HIGHEST POSSIBLE STANDARDS ACCOUNTABILITY WE ARE RESPONSIBLE STEWARDS OF RESOURCES AND DELIVER ON OUR COMMITMENTS INDEPENDENCE WE MAINTAIN THE FREEDOM TO PURSUE INNOVATION AND ARE GUIDED BY THE BEST EVIDENCE TO IMPROVE THE HEALTH OF THE POOR SOLIDARITY WE STAND TOGETHER AS ONE UNION TO OVERCOME THE GREATEST CHALLENGES TO IMPROVE HEALTH AMONG THE COMMUNITIES WE SERVE

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3

Number of voting members of the governing body (Part VI, line 1a)

23

4

Number of independent voting members of the governing body (Part VI, line 1b)

21

5

Total number of individuals employed in calendar year 2015 (Part V, line 2a)

60

6

Total number of volunteers (estimate if necessary)

21

7a

Total unrelated business revenue from Part VIII, column (C), line 12

0

7b

Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8

Contributions and grants (Part VIII, line 1h)

37,044,236

9

Program service revenue (Part VIII, line 2g)

216,669

10

Investment income (Part VIII, column (A), lines 3, 4, and 7 d )

3,160

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

37,264,065

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

21,705,528

14

Benefits paid to or for members (Part IX, column (A), line 4)

0

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,577,420

16a

Professional fundraising fees (Part IX, column (A), line 11e)

0

b

Total fundraising expenses (Part IX, column (D), line 25) ▶287,934

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

5,819,039

18

Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

29,101,987

19

Revenue less expenses Subtract line 18 from line 12

8,162,078

Expenses

20

Total assets (Part X, line 16)

19,200,698

21

Total liabilities (Part X, line 26)

9,051,357

22

Net assets or fund balances Subtract line 21 from line 20

10,149,341

Net Assets or Fund Balances

Beginning of Current Year

End of Year

20

Total assets (Part X, line 16)

19,200,698

61,837,175

21

Total liabilities (Part X, line 26)

9,051,357

7,281,217

22

Net assets or fund balances Subtract line 21 from line 20

10,149,341

54,555,958

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*

Signature of officer

2016-06-29

Date

JOSE LUIS CASTRO PRESIDENT AND CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

GARRETT M HIGGINS

Preparer's signature

GARRETT M HIGGINS

Date

Check ☐ if self-employed

PTIN P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP

Firm's EIN ▶ 27-1728945

Firm's address ▶ 665 FIFTH AVENUE

NEW YORK, NY 10022

Phone no (212) 286-2600

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

THE UNION BRINGS INNOVATION, EXPERTISE, SOLUTIONS AND SUPPORT TO ADDRESS HEALTH CHALLENGES IN LOW AND MIDDLE INCOME POPULATIONS OUR VISION IS TO DEVELOP HEALTH SOLUTIONS FOR THE POOR OUR VALUES INCLUDE 1 QUALITY WE DELIVER OUR SERVICES AND PRODUCTS TO THE HIGHEST POSSIBLE STANDARDS 2 ACCOUNTABILITY WE ARE RESPONSIBLE STEWARDS OF RESOURCES AND DELIVER ON OUR COMMITMENTS 3 INDEPENDENCE WE MAINTAIN THE FREEDOM TO PURSUE INNOVATION, AND ARE GUIDED BY THE BEST EVIDENCE TO IMPROVE THE HEALTH OF THE POOR 4 SOLIDARITY WE STAND TOGETHER AS ONE UNION TO OVERCOME THE GREATEST CHALLENGES TO IMPROVE HEALTH AMONG THE COMMUNITIES WE SERVE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 28,544,492 including grants of \$ 25,575,141 ) (Revenue \$ )
TOBACCO CONTROLIN 2015 THE UNION CONTRIBUTED TO BUILDING THE MOVEMENT FOR GLOBAL TOBACCO CONTROL THROUGH ITS FOCUS ON LEGISLATIVE AND POLICY OUTCOMES ACROSS MPOWER MEASURES, INNOVATION AND TOBACCO CONTROL SUSTAINABILITY THE PERIOD HAS ALSO HIGHLIGHTED THE SIGNIFICANT IMPACT ON THE HEALTH AND WELLBEINGOF COMMUNITIES THE PROGRAMME HAS ACHIEVED THE UNION HAS MADE MAJOR STRIDES FORWARD IN THE PROMOTION AND ADOPTION OF WHO FCTC COMPLIANT LEGISLATION AT NATIONAL LEVEL POLICY DEVELOPMENTTHE UNION CONTINUED TO SUPPORT PARTNERS IN CHINA TO DRAFT AND ADOPT A NATIONAL SMOKEFREE LAW -- SHARING LOCAL EXPERIENCES OF SMOKEFREE LAW WITH THE STATE COUNCIL THROUGH REPORTS AND ANALYSIS OF PUBLIC ENGAGEMENT DISCUSSIONS WERE HELD WITH THE STATE COUNCIL TO PUSH THE PROPOSAL FROM THE 2ND TIER OF THE LEGISLATIVE PLAN TO THE 1ST TIER THE CURRENT DRAFT INCLUDES 100% SMOKEFREE, TAPS BANS AND GHWS IN INDIA COTPA WAS INITIATED OR SCALED-UP IN MORE THAN 200 DISTRICTS - MANY ARE LIKELY TO BECOME FULLY COMPLIANT IN 2016 AND GOVERNMENTS FROM EIGHT STATES IN INDIA COMMITTED TO STOPPING TOBACCO INDUSTRY INTERFERENCE IN PUBLIC HEALTH POLICY IN INDONESIA KEY PUBLIC FIGURES FROM CIVIL SOCIETY AND ACADEMIA WERE ENGAGED TO SPEAK WITH THE PRESIDENT AND ADVOCATE FOR INCREASED AND TOBACCO CONTROL IN RUSSIA, ARTICLE 5 3 IMPLEMENTATION WAS SUPPORTED NATIONWIDE, ESPECIALLYREGARDING THE INDUSTRY'S INFLUENCE OVER YOUNG PEOPLE BI GRANTEES' WORK IN COLLABORATION WITH ACADEMIA REVEALED THAT SMOKING PREVENTION PROGRAMMES FOR CHILDREN SPONSORED / LED BY THE TOBACCO INDUSTRY USE INDUSTRY MARKETING STRATEGIES TO ENCOURAGE UPTAKE, LEADING TO RECOMMENDATIONS TO REMOVE SUCH PROGRAMMES FROM SCHOOL CURRICULA BANGLADESH'S GOVERNMENT HAS INCLUDED TOBACCO CONTROL AS KEY CHALLENGE IN ITS NEW SEVEN-YEAR PLAN AND A NATIONAL TOBACCO CONTROL POLICY IS CURRENTLY BEING DEVELOPED MEXICO ALSO STEPPED UP ITS CAMPAIGN AGAINST TOBACCO INDUSTRY INTERFERENCE -- RUNNING A WORKSHOP FOR POLICYMAKERS AND LEGISLATORS ACROSS THE REGION UGANDA'S PARLIAMENT PASSED A NATIONAL TOBACCO CONTROL BILL, COVERING ALL KEY WHO FCTC POLICY AREAS AND CHILE'S SENATE APPROVED A COMPREHENSIVE AMENDMENT TO ITS EXISTING TOBACCO CONTROL LAWS, UPGRADING GHWS, A BAN ON ADDITIVES AND POINT OF SALE ADVERTISING IN PAKISTAN, INDIA AND CHINA SIGNIFICANT WORKIS BEING DONE TO BUILD THE INFRASTRUCTURE OF GOVERNMENT AT SUB-NATIONAL LEVELS TO INCREASE AND SUPPORT TOBACCO CONTROL WORK, ENSURING EFFECTIVE IMPLEMENTATION AND ENFORCEMENT SMOKEFREEIN CHINA ENFORCEMENT OF SUB-NATIONAL SMOKEFREE LAW WAS SUPPORTED AND STRENGTHENED ACROSS SEVERAL KEY CITIES THIS INCLUDED TRAINING, SOCIAL MOBILISATION, MONITORING AND EVALUATION OF THE LEGISLATION IN SIX PROVINCES, SMOKEFREE GOVERNMENT OFFICE SYSTEMS HAVE BEEN ESTABLISHED IN LINE WITH THE PRESIDENT'S 2013 DIRECTIVE THAT OFFICIALS NOT SMOKE IN PUBLIC 20 JURISDICTIONS IN INDIA WERE DECLARED SMOKEFREE - PROTECTING AN ADDITIONAL 40 MILLION PEOPLE FROM SECOND-HAND SMOKE 11 JURISDICTIONS ININDONESIA ADOPTED 100% SMOKEFREE LAWS - PROTECTING 5 MILLION PEOPLE FROM SECOND-HAND SMOKE OAXACA STATE IN MEXICO WAS ALSO DECLARED 100% SMOKEFREE, AND MANY STAKEHOLDERS CONTINUE TO WORK TOGETHER ADVOCATING TO UPGRADE THE NATIONAL TOBACCO CONTROL LAW TO 100% SMOKEFREE AT PRESENT IT ALLOWS FOR DESIGNATED SMOKING AREAS BRAZIL'S NATIONAL LAW HAS BEEN UPGRADED - AS SUCH, IT IS NOW THE LARGEST COUNTRY IN THE WORLD WITH A COMPLETE BAN ON SMOKING IN ALL INDOOR PUBLIC PLACES THE UNION ANNUAL REPORT 2015GRAPHIC HEALTH WARNINGSPAKISTAN AND INDIA HAVE BOTH HAD IMPLEMENTATION OF 85% GHWS DEFERRED BECAUSE OF LEGAL ACTION FROM THE TOBACCO INDUSTRY THE UNION CONTINUES TO SUPPORT THE PASSAGE OF THESE STRONG NEW LAWS BOTH COUNTRIES HAVE IMPLEMENTATION SCHEDULED FOR EARLY 2016, PROVIDED THERE ARE NO ADDITIONALCOUNTER-INTERVENTIONS IN INDONESIA THE UNION SUPPORTED IMPLEMENTATION OF 40% GHWS AND ASSISTED WITH A SURVEY OF THE PUBLIC WHICH FOUND THAT THE MAJORITY OF RESPONDENTS SUPPORTED AN INCREASE TO 75% COVERAGE A SYSTEM OF MONITORING GHW IMPLEMENTATION WAS ALSO ESTABLISHED CHAD AND BURKINAFASO ALSO SAW NEW GHWS IMPLEMENTED, WITH 70% AND 60% COVERAGE RESPECTIVELY TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP BANS CHINA'S GUANGDONG PROVINCE HAD ITS TOBACCO CONTROL LAW APPROVED BY THE HFPC, INCLUDING A TOTAL BAN ON TAPS THIS HAS NOW BEEN SUBMITTED TO THE LEGISLATURE FOR REVIEW IN PAKISTAN THE SUPREME COURT HAS DIRECTED THE SINDH HIGH COURT TO EXPEDITE A TAPS COURT CASE FILED BY THE PAKISTAN TOBACCO COMPANY UGANDA'S NEW NATIONAL LAW INCLUDES A COMPREHENSIVE BAN ON TAPS COUNTERING SALES OF SINGLE STICK CIGARETTES CONTINUES HAS BEEN ADDRESSED IN INDIA HAS BEEN LED BY NINE STATES WHERE THE PRACTICE HAS BEEN BANNED TAXPAKISTAN'S TOBACCO TAXES INCREASED IN THE 2015-16 BUDGET AND A TOBACCO TAXATION WORKING GROUP WAS ESTABLISHED FOR THE FIRST TIME EXCISE TAX WAS LEVIED ON TOBACCO PRODUCTS IN KPK PROVINCE IN VIETNAM, THE GOVERNMENT DECREE ON EXCISE TAX LAW WAS ISSUED, WITH REVISIONS FOR TOBACCO PRODUCTS IN THE PHILIPPINES THE TOBACCO TAX SYSTEM WAS SIMPLIFIED FROM A FOUR-TIER SYSTEM, DOWN TO TWO, WITH THE AVERAGE TAX RATES FOR CIGARETTES AT 63% OF THE NET RETAIL PRICES HEALTH PROMOTION FOUNDATIONS A BILL FOR INCREASING TOBACCO TAXES IN THE PHILIPPINES HAS BEEN DRAFTED - TO ADD FUNDS TO THE NATIONAL HEALTH PROMOTION FOUNDATION VIETNAM'S TOBACCO CONTROL FUND, ESTABLISHED IN 2014 IS NOW SUPPORTING WORK IN 63 CITIES AND AS OF MAY 2015, ITS TOTAL INCOME WAS VND 379, 423 MILLION THE HEALTH MINISTER OF HIMACHAL PRADESH, INDIA, HAS PROPOSED THE CREATION OF A HEALTH PROMOTION FUND THE UNION HAS COMMITTED TO SUPPORT THIS WORK KPK PROVINCE AND ISLAMABAD CITY IN PAKISTAN ARE ALSO DEVELOPING A MECHANISM FOR SUSTAINABLE TOBACCO CONTROL INNOVATIONSINDIA TOBACCO WATCH WAS ALSO LAUNCHED IN 2015 - A WEBSITE RUN BY MULTIPLE ORGANIZATIONS TO MONITOR AND COUNTER TOBACCO INDUSTRY TACTICS RUSSIA AND INDIA BOTH LAUNCHED MOBILE APPS TO TRACK COMPLIANCE WITH TOBACCO CONTROL LAWS TOBACCO MONITOR IN INDIA IS BEING USED IN SIX STATES RUSSIA'SNO SMOKING APP WAS LAUNCHED BY THE MINISTRY OF HEALTH SPECIFICALLY TO MONITOR COMPLIANCE WITH SMOKE FREE LAWS NOTABLE INNOVATIONS IN INDIA AND PAKISTAN INCLUDED THE INTRODUCTION OF VENDING LAWS, WHEREBY ALL TOBACCO PRODUCTS SELLERS MUST BE LICENSED CAPACITY BUILDINGIN 2015, WHILE CONTINUOUSLY REINFORCING THE CAPACITY OF GOVERNMENTS AND NON-GOVERNMENTAL ORGANIZATIONS FOR STRATEGIC PLANNING AND ACTION RELATED TO THE MPOWER STRATEGY, THE UNION HAS BEEN FOCUSING ITS EFFORTS IN RESPONDING TO THE EVER-CHANGING FIELD OF TOBACCO CONTROL THROUGH THE UNION'S NEEDS-BASED APPROACH, WHICH RESPONDS TO IDENTIFIED NEEDS ON THE GROUND AS WELL AS DEVELOPMENTS IN TOBACCO CONTROL AT BOTH NATIONAL AND INTERNATIONAL LEVELS, TWO NEW COURSES HAVE BEEN DEVELOPED AND A NEW PARTNERSHIP WITH A LEADING UK UNIVERSITY HAS BEEN ESTABLISHED	

4b	(Code ) (Expenses \$ 9,538,064 including grants of \$ 6,253,438 ) (Revenue \$ )
TREAT TB PROGRAM1 COMPLETION OF RECRUITMENT INTO STAGE 1 OF THE STREAM CLINICAL TRIAL - EXCEEDING THE 400 PATIENT TARGET, PATIENT FOLLOW UP CONTINUES IN THE FOUR STAGE 1 COUNTRIES - ETHIOPIA, SOUTH AFRICA, VIETNAM AND MONGOLIA2 FINALIZATION OF STAGE 2 PROTOCOL TO ALLOW EXPANSION OF THE TRIAL AND EVALUATE TWO ADDITIONAL SHORTENED TREATMENT REGIMENS FOR MDR-TB3 ASSESSMENT OF NEW SITES/COUNTRIES TO PARTICIPATE IN STAGE 2 OF STREAM WHICH WILL BEGIN IN EARLY 20164 DEVELOPMENT OF NEW CLINICAL TRIAL PROTOCOL TO EVALUATE MDR-TB TREATMENT REGIMENS IN CHILDREN5 DEVELOPMENT AND INITIATION OF OPERATIONAL RESEARCH TRAINING PROGRAM IN PERU - THE FIRST OF 3 MODULES TAKING PLACE IN SEPTEMBER, 2015	



















4c	(Code ) (Expenses \$ 2,538,809 including grants of \$ 659,247 ) (Revenue \$ )
DATA FOR HEALTHTHE BLOOMBERG DATA FOR HEALTH INITIATIVE AIMS TO, IN FOUR YEARS, IMPROVE HEALTH DATA FOR POLICY MAKING FOR OVER 1 BILLION PEOPLE IN 20 LOW- AND MIDDLE INCOME COUNTRIES AND CITIES AS PART OF THE INITIATIVE, BLOOMBERG PHILANTHROPIES ISSUED A GRANT TO VITAL STRATEGIES, AN USA-BASED AFFILIATE OF THE INTERNATIONAL UNION FOR TUBERCULOSIS AND LUNG DISEASE, ON MARCH 30, 2015 THE GOAL OF THE GRANT IS TO HELP COUNTRIES (I) IMPROVE BIRTH AND DEATH CERTIFICATE SYSTEMS, (II) CONDUCT EFFICIENT PUBLIC HEALTH SURVEYS TO MONITOR MAJOR RISK FACTORS FOR EARLY DEATH AND (III) SUPPORT GOVERNMENTS TO STRATEGICALLY USE PUBLIC HEALTH DATA TO INFORM POLICY PRIORITIES UNDER THE GRANT VITAL STRATEGIES IS REQUIRED TO (I) COORDINATE THE SELECTION PROCESS FOR 20 COUNTRIES AND CITIES IN THE INITIATIVE, (II) LEAD IMPLEMENTATION MANAGEMENT FOR THE STRENGTHENING OF BIRTH, DEATH, AND CAUSE-OF-DEATH DATA IN THE CIVIL REGISTRATION AND VITAL STATISTICS (CRVS) COMPONENT OF THE PROGRAM, (III) LEAD DESIGN AND IMPLEMENTATION OF A SPECIAL, RURAL CRVS PROJECT IN MALAWI THAT BUILDS ON SUCCESSFUL WORK PREVIOUSLY SUPPORTED BY BLOOMBERG PHILANTHROPIES AND (IV) LEAD DESIGN AND IMPLEMENTATION OF THE DATA USE COMPONENT OF THE PROGRAM IN 2015 VITAL STRATEGIES SUCCESSFULLY (I) DESIGNED, COORDINATED AND COMPLETED ENGAGEMENT MISSIONS TO ALL 21 CANDIDATE CITIES AND COUNTRIES, (II) FORMALLY ENROLLED 14 COUNTRIES, (III) LED THE DESIGN AND COORDINATION OF AN INCEPTION PHASE THAT CULMINATED IN WORK PLAN ACTIVITY COMMENCING FOR ENROLLED COUNTRIES AND (IV) LED THE DESIGN AND IMPLEMENTATION OF AN INITIATIVE-WIDE BASELINE REPORT AND REPORTING PROCESS ADDITIONALLY, VITAL STRATEGIES COMPLETED WORK TO IMPLEMENT A FOCUSED, INNOVATIVE APPROACH TO RURAL DEATH REGISTRATION IN MALAWI SENSITIZATION ON THE ELECTRONIC VILLAGE REGISTRATION (EVR) PROJECT IN THE MTEMA TRADITIONAL AUTHORITY WAS COMPLETED IN MAY, FOLLOWED BY HARDWARE INSTALLATION AND TRAINING OF VILLAGE HEADMEN IN THE 25 PHASE 1 VILLAGES FIELD TESTING OF THE MESH NETWORK ALSO BEGAN IN OCTOBER WITH ESTABLISHMENT OF WIRELESS NODES IN SELECTED VILLAGES LASTLY, IN 2015 VITAL STRATEGIES HAS DEVELOPED AN APPROACH FOR MEASURING THE STATUS OF DATA USE IN PARTICIPATING COUNTRIES AND DESIGNED ITS MODEL OF TECHNICAL ASSISTANCE FOR THE DATA IMPACT PROGRAM (DIP) THE TEAM DESIGNED A STRUCTURED ASSESSMENT AND PLANNING PROTOCOL TO USE IN EACH COUNTRY, WITH THE GOAL OF COLLABORATIVELY IDENTIFYING HIGH-VALUE TECHNICAL ASSISTANCE ACTIVITIES FURTHERMORE, "DATA-TO-POLICY TRAINING," A TRAINING AND MENTORING PROGRAM, WAS DEVELOPED IN COLLABORATION WITH CDC FOR TARGETED LAUNCH IN APRIL 2016	

See Additional Data

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 8,532,175 including grants of \$ 5,101,447 ) (Revenue \$ 178,872 )

4e	Total program service expenses ▶ 49,153,540
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	56	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	60	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL , NJ , NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	MILI CHOWFLA SR VP FINADMIN 61 BROADWAY SUITE 1720 NEWYORK, NY 10006 (212) 500-5738

Check if Schedule O contains a response or note to any line in this Part VII ☒

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]



[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

## **Section B. Independent Contractors**

(A) Name and business address	(B) Description of services	(C) Compensation
MOSES & SINGER 405 LEXINGTON AVENUE NEW YORK, NY 10174	LEGAL SERVICES	1,000,912
OLIVER GLOBAL 173 W 81ST STREET 5W NEW YORK, NY 10024	COMMUNICATION SERVICES	577,421
EURO-ASIA HOLIDAYS INC 262 W 38 STREET STE 902 NEW YORK, NY 10018	TRAVEL SERVICES	537,364
PATTERSON BELKNAP WEBB & TYLER LLP 1133 AVENUE OF THE AMERICAS NEW YORK, NY 100366710	LEGAL SERVICES	177,810
BRUCE MAU DESIGN 469C KING STREET WEST ON M5V 1K4, TORONTO CA	BRANDING AGENCY	152,756

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e	8,833,805				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	86,538,985				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			95,372,790			
Program Service Revenue			Business Code					
	2a	IMDP COURSE FEES	541900	178,872	178,872			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			178,872			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		98,091			98,091	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross rents		(i) Real	(ii) Personal			
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .						
		a						
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances .		a				
		b	Less cost of goods sold . . . . .	b				
	c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE		900099	65,410			65,410	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			65,410				
12	Total revenue. See Instructions . . . . .			95,715,163	178,872	0	163,501	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	6,030,331	6,030,331		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	66,519	66,519		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	31,492,423	31,492,423		
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,228,578	1,863,412	258,913	106,253
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	2,548,778	2,131,145	296,114	121,519
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	88,734	74,194	10,309	4,231
9	Other employee benefits . . . . .	346,001	289,307	40,198	16,496
10	Payroll taxes . . . . .	331,746	277,387	38,542	15,817
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	1,280,388	1,201,019	79,369	
c	Accounting . . . . .	62,643	58,760	3,883	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees . . . . .				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) . . . . .	3,003,007	2,184,857	818,150	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	87,286	84,365	2,921	
14	Information technology . . . . .	100,323	94,104	6,219	
15	Royalties . . . . .				
16	Occupancy . . . . .	795,451	734,377	61,074	
17	Travel . . . . .	1,578,848	1,376,417	183,639	18,792
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	185,644	135,592	49,194	858
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	29,140		29,140	
23	Insurance . . . . .	123,372	81,923	41,449	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a	PROJECT SUPPLIES/EQUIPM	515,858	488,905	26,953	
b	TRAINING AND RECRUITMEN	56,754	50,435	4,819	1,500
c	SUBSCRIPTIONS,REFERENCE	45,846	45,413	149	284
d	REPAIRS AND MAINTENANCE	43,599	43,229	370	
e	All other expenses	352,758	349,426	1,148	2,184
25	Total functional expenses. Add lines 1 through 24e	51,394,027	49,153,540	1,952,553	287,934
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,614,186	1	2,172,225
	2	Savings and temporary cash investments . . . . .			5,025,739	2	31,849,538
	3	Pledges and grants receivable, net . . . . .			12,373,323	3	27,642,553
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			57,334	9	4,800
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	757,422			
	b	Less accumulated depreciation . . . . .	10b	601,948	117,688	10c	155,474
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			12,428	15	12,585
16	Total assets.Add lines 1 through 15 (must equal line 34) . . . . .			19,200,698	16	61,837,175	
Liabilities	17	Accounts payable and accrued expenses . . . . .			561,974	17	232,468
	18	Grants payable . . . . .			6,778,881	18	6,467,088
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			1,151,191	21	140,767
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			559,311	25	440,894
	26	Total liabilities.Add lines 17 through 25 . . . . .			9,051,357	26	7,281,217
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-2,516,602	27	-6,961,678
	28	Temporarily restricted net assets . . . . .			12,665,943	28	61,517,636
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			10,149,341	33	54,555,958
	34	Total liabilities and net assets/fund balances . . . . .			19,200,698	34	61,837,175

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,715,163
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,394,027
3	Revenue less expenses Subtract line 2 from line 1	3	44,321,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,149,341
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	85,481
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,555,958

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

## Additional Data

**Software ID:****Software Version:**

**EIN:** 22-3419667

**Name:** INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	)(Expenses \$	2,684,715	including grants of \$	1,101,303	)(Revenue \$	)
ROAD SAFETYBLOOMBERG PHILANTHROPIES ESTABLISHED BIGRS TO REVERSE GLOBAL DEATHS AND INJURIES FROM ROAD TRAFFIC CRASHES AS PART OF BIGRS, BLOOMBERG PHILANTHROPIES ISSUED A GRANT TO VITAL STRATEGIES, AN USA-BASED AFFILIATE OF THE INTERNATIONAL UNION FOR TUBERCULOSIS AND LUNG DISEASE, ON DECEMBER 12, 2014 THE GOAL OF THE GRANT IS TO ESTABLISH ROAD SAFETY SURVEILLANCE SYSTEMS AND MANAGE MASS MEDIA CAMPAIGNS IN THE 10 CITIES SELECTED TO PARTICIPATE IN THE GLOBAL ROAD SAFETY PROGRAM UNDER THE GRANT VITAL STRATEGIES IS REQUIRED TO (I) BUILD CAPACITY IN CITY GOVERNMENTS TO SUSTAIN ROAD SAFETY SURVEILLANCE TO MONITOR THE BURDEN AND EVALUATE THE HEALTH IMPACTS OF NEW ROAD SAFETY INTERVENTIONS AND (II) STRATEGIZE WITH PARTNERS IN SELECTED CITIES TO DEVELOP MASS MEDIA IMPLEMENTATION PLANS IN 2015 VITAL STRATEGIES SUCCESSFULLY (I) ESTABLISHED SOUND WORKING RELATIONSHIPS WITH MAYORS/CITY OFFICIALS IN THE 10 CITIES, (II) FACILITATED COMMUNICATION BETWEEN PARTNERS AND BETWEEN PARTNERS AND CITY OFFICIALS, (III) COLLABORATED WITH CITY OFFICIALS AND PARTNERS TO AND COMPLETED THE RECRUITMENT, HIRING AND CONTRACTING OF 40 EMBEDDED STAFF CONSULTANTS, (IV) ESTABLISHED JOINT SUPERVISION/OVERSIGHT WITH CITY REPRESENTATIVES OF THE 40 HIRED EMBEDDED STAFF CONSULTANTS IN ALL 10 CITIES AND (V) SUPPORTED PARTNERS IN DEVELOPING WORK PLANS IN ALL 10 CITIES AND SECURING THEIR ENDORSEMENT BY CITY GOVERNMENTS ADDITIONALLY, VITAL STRATEGIES COMPLETED WORK CONCERNING TRAFFIC FATALITY AND INJURY SURVEILLANCE SYSTEMS IN 2015 ASSESSMENT VISITS WERE COMPLETED FOR ALL 10 CITIES AND REPORTS WERE COMPLETED FOR ALL CITIES WITH THE EXCEPTION OF SHANGHAI THE RESULTS OF THE COMPLETED ASSESSMENTS WERE PRESENTED AT THE OCTOBER PARTNERS MEETING IN LONDON, WHICH VITAL STRATEGIES HELPED ORGANIZE WITH BLOOMBERG PHILANTHROPIES LASTLY, IN 2015 VITAL STRATEGIES ESTABLISHED RELATIONSHIPS AND COMPLETED SITUATIONAL ANALYSES INCLUDING CAPACITY AND MEDIA ASSESSMENTS WITH ROAD SAFETY STAKEHOLDERS IN ALL TEN CITIES WORK PLANS FOR 2016 HAVE BEEN DRAFTED BASED ON COMMUNICATION CAPACITY, RESOURCE AVAILABILITY AND ENFORCEMENT PLANS FOR EACH CITY VITAL STRATEGIES IS PROVIDING TECHNICAL ASSISTANCE FOR STRATEGIC PLANNING AND IMPLEMENTATION, WHICH IS COMPRISED OF A DETAILED AGREEMENT DELINEATING SPECIFIC PARTNER TASKS AND RESPONSIBILITIES, AND STIPULATING FINANCIAL OBLIGATIONS FOR MEDIA PLACEMENT, MATERIAL DEVELOPMENT, MESSAGE TESTING, CAMPAIGN EVALUATION, PR AND SOCIAL MEDIA A DRUNK DRIVING MASS MEDIA CAMPAIGN THAT WAS EXCELLENTLY ADAPTED FROM AN AD ORIGINALLY MADE IN IRELAND CAMPAIGN WAS LAUNCHED IN BOGOTA, COLOMBIA IN SEPTEMBER 2015, RUNNING FOR TWO MONTHS, AND RESUMED IN DECEMBER THROUGH JANUARY 2016						
(Code	)(Expenses \$	5,847,460	including grants of \$	4,000,144	)(Revenue \$	178,872 )
OBESITY PROGRAM PROJECT GOALS1 TO DEMONSTRATE SOME EARLY WINS IN OBESITY PREVENTION IN MEXICO2 TO GENERATE EVIDENCE THAT CAN BE USED IN OTHER LOW AND MIDDLE-INCOME SETTINGSPROGRAM THIS IS A THREE-YEAR PILOT PROGRAM THAT WILL SUPPORT THE ADOPTION AND IMPLEMENTATION OF OBESITY PREVENTION ACTIVITIES AT NATIONAL AND SUB-NATIONAL LEVELS IN MEXICO STRATEGIES OF INTEREST INCLUDE A BANNING JUNK FOOD AND SUGARY BEVERAGE ADVERTISING TO CHILDRENB HIGHER TAXES ON SUGAR-SWEETENED BEVERAGESC ADDRESSING UNHEALTHY FOODS AND BEVERAGES IN PUBLIC SECTOR INSTITUTIONS, PARTICULARLY SCHOOLS D RAISING PUBLIC AWARENESS THROUGH SOCIAL MARKETING CAMPAIGNS AND FRONT-OF-PACKAGE NUTRITION-LABELINGSTRATEGY 1 ADVOCACY- ELEVATE PUBLIC OPINION VIA POLLING AND PAID AND EARNED MEDIA CAMPAIGNS, RESPECTIVELY- POLITICAL OUTREACH AND TECHNICAL ASSISTANCE- LEGAL SUPPORT AND ASSISTANCE- COALITION BUILDING2 RESEARCH AND EVALUATION- EVALUATE EXISTING, NON-BEST PRACTICE PROGRAMS LIKE THE VOLUNTARY MARKETING RESTRICTIONS- MONITOR AND EXPOSE INDUSTRY PRACTICES- SUPPORT NEW RESEARCH LIKE THE ECONOMICS OF HIGHER SODA TAXES, THE IMPACT OF PACKAGE LABELING ETC 3 CAPACITY-BUILDING- TECHNICAL ASSISTANCE AND SUPPORT TO GOVERNMENT- TRAIN JOURNALIST, LAWYERS, AND ADVOCATESPARTNERS AND ROLES - EI PODER DEL CONSUMIDOR MEDIA ADVOCACY AND COALITION BUILDING- POLIThINK POLITICAL OUTREACH AND COALITION BUILDING- MEXICAN NATIONAL INSTITUTE OF PUBLIC HEALTH RESEARCH AND EVALUATION- THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, ON-THE-GROUND PROJECT OVERSIGHT AND TECHNICAL ASSISTANCEEXPECTED OUTCOMES 1 ADOPTION OF OBESITY PREVENTION STRATEGIES NATIONALLY AND/OR SUB-NATIONALLY, 2 STRENGTHENED CIVIL SOCIETY, 3 GENERATION OF NEW EVIDENCE IMPD 2013 7 CORE COURSES OFFERED IN 3 LOCATIONS MALAYSIA, SOUTH AFRICA AND THE UNITED STATES OF AMERICA 2 OTHER COURSES IN CHINA AND MEXICO 125 CORE COURSES PARTICIPANTS FROM 47 COUNTRIES 23 MINISTRIES OF HEALTH SERVED 102 NGOS SERVED 10 TOBACCO-CONTROL FOCUSED COURSES OFFERED IN HIGH-BURDEN COUNTRIES BANGLADESH, INDONESIA, CHILE, RUSSIA, CHINA, MEXICO AND INDIA 198 TOBACCO CONTROL COURSES PARTICIPANTS FROM 7 COUNTRIES						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS JAMES DE VIEL CASTEL CHAIRMAN	3 00 .....	X		X				0	0	0
MARC SZNAJDERMAN VICE CHAIR FOR PROGRAMS	3 00 .....	X		X				0	0	0
ANDREW S RENDEIRO VICE CHAIR FOR OPERATIONS	3 00 .....	X		X				0	0	0
SCOTT HALSTEAD TREASURER	3 00 .....	X		X				0	0	0
ERIC ROSENBAUM SECRETARY	3 00 .....	X		X				0	0	0
JOSE LUIS CASTRO PRESIDENT AND CEO	1 00 ..... 40 00	X		X				108,333	42,308	4,043
PETER A BALDINI TRUSTEE & SR ADVISOR FOR NEW BUSINESS DEVELOPMENT	1 00 ..... 40 00	X		X				134,167	147,308	22,673
HELEN AGERUP TRUSTEE	3 00 .....	X						0	0	0
DAVID A CAPUTO TRUSTEE	3 00 .....	X						0	0	0
E JANE CARTER TRUSTEE	3 00 .....	X						0	0	0
CHRIS CASTAGNA TRUSTEE	3 00 .....	X						0	0	0
FRANK G COLELLA TRUSTEE	3 00 .....	X						0	0	0
ROZ FEDER TRUSTEE	3 00 .....	X						0	0	0
MARK FOLEY TRUSTEE	3 00 .....	X						0	0	0
SAMIDH GUHA TRUSTEE	3 00 .....	X						0	0	0
MASAE KAWAMURA TRUSTEE	3 00 .....	X						0	0	0
RAM KOPPAKA TRUSTEE	3 00 .....	X						0	0	0
BRUCE MANDELL TRUSTEE	3 00 .....	X						0	0	0
MARIO PIERRO TRUSTEE	3 00 .....	X						0	0	0
RENEE RIDZON TRUSTEE	3 00 .....	X						0	0	0
JACK SALVO TRUSTEE	3 00 ..... 1 00	X						0	0	0
DEAN SCHRAUFNAGEL TRUSTEE	3 00 .....	X						0	0	0
NEIL W SCHLUGER TRUSTEE	3 00 ..... 1 00	X						0	0	0
MILI CHOWFLA SENIOR VP FINANCE & ADMINISTRATION	40 00 ..... 1 00			X				175,000	0	30,558
SANDRA MULLIN SR VP, POLICY, ADVOCACY & COMMUNICATIONS	40 00 .....			X				122,500	85,751	23,446

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEMIR TANOVIC ..... SR VP OF GLOBAL OPERATIONS	40 00 .....			X				145,833	0	29,203
STEPHEN HAMILL ..... ASSOC DTR COMMUNITY ADVOCACY	1 00 ..... 40 00			X				87,500	63,462	22,191
REBECCA PERL ..... ASSOC DTR COMMUNICATION/PROJECTS	1 00 ..... 40 00			X				75,833	55,000	16,935
PAULA FUJIWARA ..... SCIENTIFIC DIRECTOR	40 00 .....				X			280,200	0	32,877
IRA D RUSEN ..... SR VP RESEARCH & DEVELOPME	40 00 .....				X			250,000	0	5,667
ADAM M KARPATI ..... SR VP PUBLIC HEALTH	40 00 .....				X			258,750	0	38,584
PHILIP SETEL ..... VP AND DIRECTOR PUBLIC HEALTH	40 00 .....				X			183,333	0	22,079
WHITNEY REITZ ..... SR VP OF MATERNAL AND CHILD HEALTH	40 00 .....				X			166,474	0	23,425
RAJITA BHAVARAJU ..... DIRECTOR OF CURRICULUM AND ASSESSMENT	40 00 .....					X		107,084	0	29,536
MARIANNE GAYE-AYRAULT ..... DIRECTOR, IMPD	40 00 .....					X		109,295	0	576
JOHANNA BIRCKMAYER ..... SR TECHNICAL ADVISOR	40 00 .....					X		114,115	0	17,111
THU-NHI NGUYEN-PETIT ..... DEPUTY DIRECTOR, TREAT TB	40 00 .....					X		107,122	0	6,807



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC	Employer identification number  22-3419667
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	24,925,400	18,600,024	22,668,532	37,044,236	95,372,790	198,610,982
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,925,400	18,600,024	22,668,532	37,044,236	95,372,790	198,610,982
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						139,429,164
6 Public support. Subtract line 5 from line 4						59,181,818

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	24,925,400	18,600,024	22,668,532	37,044,236	95,372,790	198,610,982
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,246	5,102	623	3,160	98,091	108,222
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )		11,608	1,760		65,410	78,778
11 Total support. Add lines 7 through 10						198,797,982
12 Gross receipts from related activities, etc (see instructions)					12	395,541
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	29 770 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	35 040 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶		
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**Part VI**   **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC	Employer identification number  22-3419667
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		106,101	68,697	37,404
d Equipment		651,321	533,251	118,070
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				155,474



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	95,800,644
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	85,481
e	Add lines 2a through 2d . . . . .	2e	85,481
3	Subtract line 2e from line 1 . . . . .	3	95,715,163
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	95,715,163

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	51,394,027
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	51,394,027
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	51,394,027

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART IV, LINE 2B	THE INTERNATIONAL UNION AGAINST TUBERCULOSIS & LUNG DISEASE (IUATLD) IS ACTING AS FIDUCIARY FISCAL AGENT FOR THE NORTH AMERICAN REGION CHARTER OF THE UNION(NAR) FUNDS. THESE FUNDS ARE HELD IN A DESIGNATED BANK ACCOUNT THE BALANCE OF FUNDS AS OF DECEMBER 31, 2015 IS \$140,767. DURING 2015, IUATLD, INC , THROUGH THE UNION, WAS THE SUB-RECIPIENT OF \$8.8 MILLION IN US GOVERNMENT FUNDS, TO SUPPORT ACTIVITIES ASSOCIATED WITH THE UNION-LED IMPLEMENTATION OF THE INTERNATIONAL TREAT TB INITIATIVE, A MULTI-YEAR RESEARCH INITIATIVE FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), FOR WHICH IUATLD, INC SERVES AS A COORDINATING AND ADMINISTRATIVE HUB.
PART X, LINE 2	IUATLD, INC. RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE IUATLD, INC. HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. IUATLD, INC. IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS	RELATED TO THE ACQUISITION OF WORLD LUNG FOUNDATION(WLF) - 85,481. ASSUMPTION OF WLF ASSETS AND LIABILITIES.

[illegible]

SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Employer identification number  
  
22-3419667

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	0			31,492,423
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			31,492,423

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )	See Add'l Data								
( 2 )									
( 3 )									
( 4 )									
( 5 )									
( 6 )									
( 7 )									
( 8 )									
( 9 )									
( 10 )									
( 11 )									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

- 2
- Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶
- 91
- 3
- Enter total number of other organizations or entities . . . . . ▶
- 16

Part II

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) TOBACCO CONTROL	AFRICA	19	915,136	WIRE TRANSFER			
( 2 ) TOBACCO CONTROL	ASIA	25	1,124,694	WIRE TRANSFER			
( 3 ) TOBACCO CONTROL	EUROPE	5	416,023	WIRE TRANSFER			
( 4 ) TOBACCO CONTROL	NORTH AMERICA	2	39,000	WIRE TRANSFER			
( 5 ) TOBACCO CONTROL	SOUTH AMERICA	8	62,709	WIRE TRANSFER			
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	IUATLD, INC IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDIN G ISSUED TO RECIPIENTS THIS SYSTEM FEATURES A STANDARDIZED GRANTS FUNDING AGREEMENT AND R EPORTING FORMAT VARIOUS IUATLD, INC STAFF ARE INVOLVED IN THE SYSTEM ESTABLISHED TO ISSU E AND MONITOR GRANT FUNDS THIS INCLUDES THE FINANCE AND OPERATIONS OFFICER, WHO OVERSEES THE PROCESS TO ISSUE GRANT FUNDING AGREEMENTS, AND THE RESEARCH AND EVALUATION COORDINATOR WHO OVERSEES DAY TO DAY MANAGEMENT OF INFORMATION RELATED TO RECIPIENT PROGRESS AND REPOR TS

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING

Additional Data

Software ID:  
Software Version:  
EIN: 22-3419667  
Name: INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
AFRICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		4,120,490
ASIA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,962,358
EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,702,214

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE			GRANTS TO RECIPIENTS LOCATED IN THE REGION		19,435,809
NORTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		170,617
SOUTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		785,529

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
RUSSIA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		315,406

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	DATA FOR HEALTH	471,627	WIRE TRANSFER			
		AFRICA	TOBACCO CONTROL	260,229	WIRE TRANSFER			
		AFRICA	TREAT TB PROJECT	1,213,695	WIRE TRANSFER			
		AFRICA	MATERNAL HEALTH	1,298,259	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	TOBACCO CONTROL	2,938,152	WIRE TRANSFER			
		ASIA	TOBACCO CONTROL & ROAD SAFETY	38,670	WIRE TRANSFER			
		ASIA	TREAT TB PROJECT	55,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	2,433,537	WIRE TRANSFER			



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	12,500	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	256,177	WIRE TRANSFER			
		EUROPE	TOBACCO CONTROL	5,890,566	WIRE TRANSFER		JGAO - 05/24/16 02 55PM WORKSHEET SCHEDULE F	
		EUROPE	TREAT TB PROJECT	1,875,765	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TOBACCO CONTROL, TREAT TB & ROAD SAFETY	11,200,922	WIRE TRANSFER			
		EUROPE	EDUCATION	52,532	WIRE TRANSFER			
		NORTH AMERICA	TOBACCO CONTROL	147,385	WIRE TRANSFER			
		NORTH AMERICA	TREAT TB PROJECT	22,903	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	OBESITY	114,500	WIRE TRANSFER			
		SOUTH AMERICA	TOBACCO CONTROL	645,618	WIRE TRANSFER			
		SOUTH AMERICA	TREAT TB PROJECT	77,203	WIRE TRANSFER		JGAO - 05/24/16 02 25PM WORKSHEET SCHEDULE F	
		RUSSIA	TOBACCO CONTROL	315,406	WIRE TRANSFER			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

DLN: 93493181012036

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization  
INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Employer identification number  
22-3419667

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACTION ON SMOKING AND HEALTH (ASH) 2013 H STREET NW WASHINGTON,DC 20006	13-2603590	501(C)(3)	618,750				TOBACCO CONTROL
(2) ENCOMPASS LLC 105000 ALLOWAY DRIVE POTOMAC,MD 20854	52-2228651	N/A	19,549				TREAT TB PROGRAM
(3) WORLD LUNG FOUNDATION 61 BROADWAY SUITE 2800 NEW YORK,NY 10006	20-2432410	501(C)(3)	4,152,023				PREMERGER GRANT TO COVER PAYROLL AND OPERATING EXPENSES
(4) FAMILY HEALTH INTERNATIONAL (FHI 360) 359 BLACKWELL STREET SUITE 200 DURHAM,NC 27701	23-7413005	501(C)(3)	85,960				TREAT TB PROGRAM
(5) HEALTH ALLIANCE INTERNATIONAL (HAI) 1107 NE 45TH STREET SUITE 350 SEATTLE,WA 98105	94-3047981	501(C)(3)	108,941				TREAT TB PROGRAM
(6) HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTE ELM AND CARLTON STREETS BUFFALO,NY 14263	14-1402155	501(C)(3)	25,800				TOBACCO CONTROL
(7) LANGUAGE DEPARTMENT LLC 526 WEST ST 26TH ST NEW YORK,NY 10001	27-1364882	N/A	10,000				TOBACCO CONTROL
(8) NACTO (NATIONAL ASSOCIATION OF CITY TRANSPORTATION) 120 PARK AVENUE NEW YORK,NY 10017	20-1874085	501(C)(3)	320,000				ROAD SAFETY
(9) QUINTILES PROFESSIONAL SERVICES CENTER PO BOX 13979 RESEARCH TRAINGLE PARK, NC 27709	56-1323952	N/A	632,550				TREAT TB PROGRAM
(10) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL B21 PITTSBURGH,PA 15213	25-0965591	501(C)(3)	30,455				DATA FOR HEALTH
(11) VECTOR MEDIA GROUP 18 WEST 21 STREET NEW YORK,NY 10010	59-3833142	N/A	5,785				TOBACCO CONTROL
(12) PARTNERS IN HEALTH (PIH) 888 COMMONWEALTH AVENUE BROOKLINE,MA 02446	04-3567502	501(C)(3)	18,856				TREAT TB PROGRAM

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

8

3

Enter total number of other organizations listed in the line 1 table . . . . .

4

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PROJECT SUPPORT & INTERNATIONAL EXPERTISE	3	11,536			
(2) TREAT TB PREVALENCE SURVEY	2	54,983			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	THE SUB-GRANTEES ARE REQUIRED TO SUBMIT QUARTERLY FINANCIAL REPORTS AND NARRATIVES TO PROJECT MANAGERS. VARIANCES FROM THE APPROVED BUDGET ARE SCRUTINIZED AND EXPLAINED. ORGANIZATION ALSO REQUESTS THE ANNUAL FINANCIAL STATEMENT AND AUDITOR'S REPORT FROM SUB-GRANTEES. PROJECT MANAGER CONDUCTS INTERNAL AUDIT ON-SITE WHEN NEEDED.

Additional Data

Software ID:  
Software Version:  
EIN: 22-3419667  
Name: INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION ON SMOKING AND HEALTH (ASH) 2013 H STREET NW WASHINGTON,DC 20006	13-2603590	501(C)(3)	618,750				TOBACCO CONTROL
ENCOMPASS LLC 105000 ALLOWAY DRIVE POTOMAC,MD 20854	52-2228651	N/A	19,549				TREAT TB PROGRAM
WORLD LUNG FOUNDATION 61 BROADWAY SUITE 2800 NEW YORK,NY 10006	20-2432410	501(C)(3)	4,152,023				PREMERGER GRANT TO COVER PAYROLL AND OPERATING EXPENSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH INTERNATIONAL (FHI 360) 359 BLACKWELL STREET SUITE 200 DURHAM,NC 27701	23-7413005	501(C)(3)	85,960				TREAT TB PROGRAM
HEALTH ALLIANCE INTERNATIONAL (HAI) 1107 NE 45TH STREET SUITE 350 SEATTLE,WA 98105	94-3047981	501(C)(3)	108,941				TREAT TB PROGRAM
HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTE ELM AND CARLTON STREETS BUFFALO,NY 14263	14-1402155	501(C)(3)	25,800				TOBACCO CONTROL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANGUAGE DEPARTMENT LLC 526 WEST ST 26TH ST NEW YORK,NY 10001	27-1364882	N/A	10,000				TOBACCO CONTROL
NACTO (NATIONAL ASSOCIATION OF CITY TRANSPORTATION) 120 PARK AVENUE NEW YORK,NY 10017	20-1874085	501(C)(3)	320,000				ROAD SAFETY
QUINTILES PROFESSIONAL SERVICES CENTER PO BOX 13979 RESEARCH TRAINGLE PARK, NC 27709	56-1323952	N/A	632,550				TREAT TB PROGRAM



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL B21 PITTSBURGH,PA 15213	25-0965591	501(C)(3)	30,455				DATA FOR HEALTH
VECTOR MEDIA GROUP 18 WEST 21 STREET NEW YORK,NY 10010	59-3833142	N/A	5,785				TOBACCO CONTROL
PARTNERS IN HEALTH (PIH) 888 COMMONWEALTH AVENUE BROOKLINE,MA 02446	04-3567502	501(C)(3)	18,856				TREAT TB PROGRAM

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Employer identification number  
  
22-3419667

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," on line 5a or 5b, describe in Part III</div>	5b	No
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," on line 6a or 6b, describe in Part III</div>	6b	No
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 22-3419667

Name: INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSE LUIS CASTRO PRESIDENT AND CEO	(i)	108,333	0	0	2,333	18	110,684	0
	(ii)	-	-	-	-	-	-	-
		42,308	0	0	1,692	0	44,000	0
1PETER A BALDINI TRUSTEE & SR ADVISOR FOR NEW BUSINE	(i)	134,167	0	0	0	14,059	148,226	0
	(ii)	-	-	-	-	-	-	-
		147,308	0	0	0	8,614	155,922	0
2MILI CHOWFLA SENIOR VP FINANCE & ADMINISTRATION	(i)	175,000	0	0	7,000	23,558	205,558	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3SANDRA MULLIN SR VP, POLICY, ADVOCACY & COMMUNICA	(i)	122,500	0	0	4,900	9,160	136,560	0
	(ii)	-	-	-	-	-	-	-
		85,751	0	0	3,430	5,956	95,137	0
4SEMIR TANOVIC SR VP OF GLOBAL OPERATIONS	(i)	145,833	0	0	5,833	23,370	175,036	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5STEPHEN HAMILL ASSOC DTR COMMUNITY ADVOCACY	(i)	87,500	0	0	3,500	12,924	103,924	0
	(ii)	-	-	-	-	-	-	-
		63,462	0	0	2,538	3,229	69,229	0
6PAULA FUJIWARA SCIENTIFIC DIRECTOR	(i)	280,200	0	0	11,208	21,669	313,077	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7IRA D RUSEN SR VP RESEARCH & DEVELOPME	(i)	250,000	0	0	3,641	2,026	255,667	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8ADAM M KARPATI SR VP PUBLIC HEALTH	(i)	258,750	0	0	9,550	29,034	297,334	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9PHILIP SETEL VP AND DIRECTOR PUBLIC HEALTH	(i)	183,333	0	0	7,333	14,746	205,412	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10WHITNEY REITZ SR VP OF MATERNAL AND CHILD HEALTH	(i)	166,474	0	0	6,076	17,349	189,899	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**  
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC	Employer identification number  22-3419667
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Return Reference	Explanation
FORM 990, PART III, LINE 2	THE ORGANIZATION UNDERTOOK NEW PROGRAMS IN FY 2015 THE NEW PROGRAMS INCLUDE DATA FOR HEALTH AND ROAD SAFETY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>THE ORGANIZATION CHANGED ITS BY-LAWS RELATED TO THE MERGER - ACQUISITION OF WORLD LUNG FOUNDATION. THE CHANGES ARE INCLUDED THE FOLLOWINGS:</p> <p>1. THE NUMBER OF TRUSTEES CHANGED FROM 3-12 TO 9-27 WITH THE EXACT NUMBER OF TRUSTEES TO BE FIXED FROM TIME TO TIME, WITHIN SUCH LIMITS, BY THE BOARD, PROVIDED, HOWEVER, THAT NO DECREASE IN THE NUMBER OF TRUSTEES SHALL AFFECT THE TENURE OF OFFICE OF ANY INCUMBENT TRUSTEE.</p> <p>2. DUE TO THE JUNE 1ST, 2015 MERGER BETWEEN THE CORPORATION AND THE WORLD LUNG FOUNDATION, INC., A NEW YORK NOT-FOR-PROFIT CORPORATION (THE "MERGER"), THE TRUSTEES AND TRUSTEES OF THE MERGING CORPORATIONS PRIOR TO THE MERGER UNDERSTAND AND ACCEPT THAT THEIR TENURE AS TRUSTEES OR TRUSTEES OF THE MERGING CORPORATIONS IS AFFECTED BY THE MERGER AND THESE AMENDED AND RESTATED BYLAWS. IN ADDITION TO THE EX OFFICIO TRUSTEES, THE TRUSTEES OF THE CORPORATION WHO SHALL BE IN OFFICE AS OF THE EFFECTIVE DATE OF THE MERGER (THE "MERGER TRUSTEES") ARE LISTED ON THE ATTACHED SCHEDULE A, WHICH SHALL INCLUDE EACH MERGER TRUSTEE'S TERM IN OFFICE. THE MERGER TRUSTEES SHALL BE GIVEN TERMS OF ONE YEAR, TWO YEARS OR THREE YEARS SO THAT APPROXIMATELY ONE-THIRD (1/3) OF THE MERGER TRUSTEE POSITIONS ARE UP FOR ELECTION AT EACH OF THE THREE ANNUAL MEETINGS OF THE BOARD FOLLOWING THE MERGER. A MERGER TRUSTEE'S TERM EXPIRES AT THE EARLIER OF (I) THE ANNUAL MEETING OF THE BOARD HELD IN THE CALENDAR YEAR IN WHICH A MERGER TRUSTEE'S TERM AS INDICATED ON SCHEDULE A EXPIRES AND THAT MERGER TRUSTEE'S SUCCESSOR IS ELECTED AND QUALIFIED AND TAKES OFFICE, OR (II) AT A MERGER TRUSTEE'S EARLIER DEATH, DISQUALIFICATION, RESIGNATION OR REMOVAL.</p> <p>3. ADDED SECTION 4.5 - ELECTION &amp; TERM OF ELECTED TRUSTEES. TRUSTEES ELECTED AT AN ANNUAL MEETING ("ELECTED TRUSTEES") SHALL SERVE A THREE (3) YEAR TERM THAT SHALL EXPIRE AT THE EARLIER OF (I) THE ANNUAL MEETING OF THE BOARD HELD IN THE CALENDAR YEAR IN WHICH AN ELECTED TRUSTEE'S THREE-YEAR TERM EXPIRES AND THAT ELECTED TRUSTEE'S SUCCESSOR IS ELECTED AND QUALIFIED AND TAKES OFFICE, OR (II) AT AN ELECTED TRUSTEE'S EARLIER DEATH, DISQUALIFICATION, RESIGNATION OR REMOVAL. IF AN ELECTED TRUSTEE HAS BEEN RE-ELECTED TO THREE FULL THREE-YEAR TERMS, CONSECUTIVELY, WITHOUT AT LEAST A ONE (1) YEAR BREAK IN SERVICE, SUCH TRUSTEE SHALL BE ELIGIBLE FOR A THIRD (OR MORE) CONSECUTIVE RE-ELECTION(S) ONLY AFTER A REVIEW OF THE TRUSTEE'S SERVICE BY THE BOARD (OR A COMMITTEE OF THE BOARD), WITH THE LENGTH OF SUCH TRUSTEE'S CONTINUOUS SERVICE BEING FORMALLY ACKNOWLEDGED BEFORE ANY SUBSEQUENT CONSECUTIVE REELECTION AS A TRUSTEE. WHEN ELECTING INDIVIDUALS TO SERVE AS ELECTED TRUSTEES, THE TRUSTEES VOTING AT THE ANNUAL MEETING OF THE BOARD SHALL CONSIDER INDIVIDUALS RECOMMENDED BY RESOLUTION OF THE NOMINATING COMMITTEE, IF ANY, BUT SHALL NOT BE UNDER ANY OBLIGATION TO ELECT SUCH INDIVIDUALS.</p> <p>4. UPDATED SECTION 6.1 - NUMBER &amp; TITLES. THE CORPORATION SHALL HAVE A CHAIRPERSON OF THE BOARD, VICE CHAIRPERSON FOR PROGRAMS, VICE CHAIRPERSON FOR OPERATIONS, PRESIDENT &amp; CHIEF EXECUTIVE OFFICER, TREASURER, AND SECRETARY, ALL OF WHOM SHALL BE SELECTED FROM THE MEMBERS OF THE BOARD. THE CORPORATION ALSO SHALL HAVE A CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF ACADEMIC OFFICER AND SUCH OTHER OFFICERS OR ASSISTANT OFFICERS AS THE PRESIDENT &amp; CHIEF EXECUTIVE OFFICER MAY FROM TIME TO TIME DETERMINE, ALL OF WHOM MAY, BUT NEED NOT, BE A MEMBER OF THE BOARD ("EXECUTIVE OFFICERS"). THE CHIEF EXECUTIVE OFFICER SHALL BE A MEMBER EX OFFICIO OF THE BOARD WITH FULL VOTING RIGHTS. ANY TWO OR MORE OFFICES MAY BE HELD BY THE SAME PERSON.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS MEMBERS ARE PROVIDED WITH ELECTRONIC COPY OF THE 990 DRAFT FOR THEIR REVIEW A BOARD OF DIRECTORS MEETING IS CALLED BY THE EXECUTIVE DIRECTOR TO DISCUSS THE DRAFT AND APPROVE IT FOR FILING



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>IUATLD, INC HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES THE BOARD OF DIRECTORS MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST THE SIGNED POLICIES ARE SUBMITTED TO THE EXECUTIVE DIRECTOR (WHO CURRENTLY SERVES AS THE ORGANIZATION'S COMPLIANCE OFFICER) WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS (IN THE ABSENCE OF A DEDICATED COMPLIANCE OFFICER, THE PRESIDENT OF THE BOARD OF DIRECTORS CURRENTLY PERFORMS THIS FUNCTION FOR THE POLICY SUBMITTED BY THE EXECUTIVE DIRECTOR) IF POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST, PROPER NOTIFICATIONS ARE MADE, AND RESULTS OF INVESTIGATIONS ARE SUMMARIZED AND REPORTED TO THE BOARD OF DIRECTORS IF ACTUAL CONFLICTS EXIST, THE INDIVIDUAL(S) INVOLVED ARE NOT ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT RELATE TO THE CONFLICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>IUATLD, INC HAS ESTABLISHED A WRITTEN COMPENSATION POLICY TO BE FOLLOWED BY MANAGEMENT AND, WHEN NECESSARY, THE BOARD OF DIRECTORS IN ORDER TO ESTABLISH THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES THE POLICY MANDATES THAT EXECUTIVE-LEVEL COMPENSATION BE PERIODICALLY REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS AND THAT THE REVIEW PROCESS SHOULD BE FREE OF POTENTIAL CONFLICTS OF INTEREST THE APPROVING ENTITY NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED A VARIETY OF INFORMATION AND COMPARABILITY DATA ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO EXECUTIVES THESE INCLUDE SURVEYS OF NEW YORK CITY-BASED NON-PROFIT COMPENSATION PRACTICES, COMPARABLE PACKAGES FOR KEY STAFF OF PEER ORGANIZATIONS, AND COMPENSATION PRACTICES EXPECTED BY PROJECT DONORS DECISIONS TAKEN ON COMPENSATION LEVELS TO BE PAID MUST BE DOCUMENTED IN WRITTEN FORM TO INCLUDE THE DATES DECISIONS ARE TAKEN, THE PARTIES PRESENT DURING THE DECISION, THE FULL TERMS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION THE COMPENSATION REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR AND SENIOR ADVISOR POSITIONS WAS UNDERTAKEN IN SEPTEMBER 2015 THE EXECUTIVE DIRECTOR'S COMPENSATION LEVEL WAS SET BASED ON A NUMBER OF FACTORS IN ADDITION TO THE ONES DESCRIBED ABOVE, INCLUDING COMPARABLE COMPENSATION LEVELS FOR A) NEW YORK CITY-BASED EXECUTIVES OVERSEEING NOT FOR PROFIT ORGANIZATIONS AND AFFILIATE OFFICES OF INTERNATIONAL ORGANIZATIONS, B) PUBLIC HEALTH PROFESSIONALS WITH 15-20 YEARS EXPERIENCE IN PROJECT MANAGEMENT, PARTNERSHIPS AND OPERATIONS AND LASTLY THE SALARY EXPECTATIONS OF KEY DONORS TO IUATLD, INC -COORDINATED PROJECTS THE SENIOR ADVISOR'S COMPENSATION LEVEL WAS SET BASED ON A NUMBER OF FACTORS INCLUDING COMPARABLE COMPENSATION LEVELS FOR U.S. BASED MEDICAL DOCTORS WHO A) HAVE A VERY HIGH LEVEL OF CLINICAL EXPERIENCE IN THE TREATMENT, CONTROL AND PREVENTION OF TUBERCULOSIS AND HIV/AIDS, B) HAVE AT LEAST TWENTY YEARS OF EXPERIENCE IN MANAGING COMPLEX PUBLIC HEALTH PROGRAMS, INTERNATIONAL RESEARCH PROJECTS AND INTERNATIONAL TECHNICAL ASSISTANCE PROJECTS IN DEVELOPING COUNTRY SETTINGS AND C) HAVE DEEP EXPERIENCE IN WORKING WITH U.S. GOVERNMENT TECHNICAL AGENCIES AND DONORS INVOLVED IN GLOBAL LUNG HEALTH INITIATIVES</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ALSO POSTED TO BETTER BUSINESS BUREAU SERVING METROPOLITAN NEW YORK 30 E 33RD STREET 12TH FLOOR NEW YORK, NY 10016

Return Reference	Explanation
FORM 990, PART VII - A	EFFECTIVE JUNE 1, 2015, THE WORLD LUNG FOUNDATION("WLF") WAS ACQUIRED BY IUATLD, INC AS A RESULT OF THIS MERGER, THE BOARD OF IUATLD, INC HAS BEEN RECONSTITUTED AND NOW INCLUDES SOME FORMER MEMBERS OF THE WLF BOARD

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RELATED TO THE ACQUISITION OF WORLD LUNG FOUNDATION(WLF) - 85,481 ASSUMPTION OF WLF ASSETS AND LIABILITIES

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Employer identification number  
  
22-3419667

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)WORLD LUNG FOUNDATION(DISSOLVED 612015) 61 BROADWAY  NEW YORK, NY 10006 20-2432410	TOBACCO REDUCTION/HEALTH RESEARCH INITIATIVE	NY	501(C)(3)	11	INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WORLD LUNG FOUNDATION	B	4,152,023	FMV
(2)WORLD LUNG FOUNDATION	S	546,733	FMV/COST

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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